

DATE OF DEPOSIT:

Reissue

Please type a plus sign (+) inside this box → ☒

PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-003

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.

109536-117

First Named Inventor

Seichi Araki

Original Patent Number

5,945,420

Original Patent Issue Date
(Month/Day/Year)

August 31, 1999

Express Mail Label No.

EL811672185US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/ 56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☐ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☐ Written Consent of all Assignees (PTO/SB/53)
 - ☐ 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes
to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribbonded Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other:

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

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Country	Telephone				

NAME (Print/Type)

Hollie L. Baker

Registration No (Attorney/Agent)

31,321

Signature

Hollie L. Baker

Date

8/30/2001

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 109536-117		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 8	Total Claims (37 CFR 1.16(j))	(B) 8	**** 0 =	x \$	=	or	x \$ =	
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 2	* 0 =	x \$	=		x \$ =	
Basic Fee (37 CFR 1.16(h))							\$ 710	
Total Filing Fee						\$	OR \$	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 54	MINUS	** 8	* = 46	x \$	=	x \$ 18 =	828
Independent Claims (37 CFR 1.16(i))	*** 6	MINUS	***** 2	= 4	x \$	=	x \$ 80 =	320
Total Additional Fee						\$	OR \$1148	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>08-0219</u> in the amount of <u>1,858.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>08-0219</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p><u>8/30/2001</u> Date</p> </div> <div style="width: 50%; text-align: center;"> <p><u>Hollie L. Baker</u> Signature of Applicant, Attorney or Agent of Record</p> <p>Hollie L. Baker; PTO Reg. No. 31,321 Typed or printed name</p> </div> </div>								

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Case No. 109536-117)

Inventor(s): Araki et al.) Examiner:
)
Reissue of U.S. Patent No.: 5,945,420) Art Unit:
)
Originally Issued: August 31, 1999)
)
Title: IMMUNOPOTENTIATING AND INFECTION)
PROTECTIVE AGENT AND PRODUCTION)
THEREOF)

I HEREBY CERTIFY THAT THE ATTACHED PAPERS AND FEES ARE BEING DEPOSITED
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Box Reissue
Assistant Commissioner For Patents
Washington, DC 20231

TRANSMITTAL LETTER

Dear Sir:

Enclosed herewith for filing please find the following documents:

1. Reissue Patent Application Transmittal (PTO/SB/50)
2. Preliminary Amendment
3. Reissue Application Fee Transmittal Form (PTO/SB/56)
4. Copy of Specification pursuant to 37 C.F.R. §1.173(a)(1)
5. Copy of Drawings pursuant to 37 C.F.R. §1.173(a)(2)
6. Return Postcard

F. coli strains	
1	ATCC 25922
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